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UNITED STATES DISTRICT COURT  
SOUTHERN DISTRICT OF NEW YORK

TYREEN E WRIGHT

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Write the full name of each plaintiff.

\_\_\_\_ CV \_\_\_\_  
(Include case number if one has been assigned)

-against-

NEW YORK CITY HOUSING AUTHORITY

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Do you want a jury trial?

☒ Yes ☐ No

Write the full name of each defendant. The names listed above must be identical to those contained in Section I.

**EMPLOYMENT DISCRIMINATION COMPLAINT**

**NOTICE**

The public can access electronic court files. For privacy and security reasons, papers filed with the court should therefore *not* contain: an individual's full social security number or full birth date; the full name of a person known to be a minor; or a complete financial account number. A filing may include *only*: the last four digits of a social security number; the year of an individual's birth; a minor's initials; and the last four digits of a financial account number. See Federal Rule of Civil Procedure 5.2.

RECEIVED  
U.S. DISTRICT COURT  
SOUTHERN DISTRICT OF NEW YORK  
DEC 30 2020  
PM 12:00

**I. PARTIES****A. Plaintiff Information**

Provide the following information for each plaintiff named in the complaint. Attach additional pages if needed.

Tyreen	E	Wright
First Name	Middle Initial	Last Name
611 Wythe ave apt 3d Brooklyn		
Street Address		
Kings	N.Y.	11249
County, City	State	Zip Code
929-395-9779	wrighttyreen43@yahoo.com	
Telephone Number	Email Address (if available)	

**B. Defendant Information**

To the best of your ability, provide addresses where each defendant may be served. If the correct information is not provided, it could delay or prevent service of the complaint on the defendant. Make sure that the defendants listed below are the same as those listed in the caption. (Proper defendants under employment discrimination statutes are usually employers, labor organizations, or employment agencies.) Attach additional pages if needed.

Defendant 1:	NEW YORK CITY HOUSING AUTHORITY		
	Name		
	90 Church Street 11th Floor		
	Address where defendant may be served		
	New York	NY	10007
	County, City	State	Zip Code
Defendant 2:			
	Name		
	Address where defendant may be served		
	County, City	State	Zip Code

Defendant 3:

\_\_\_\_\_  
Name

\_\_\_\_\_  
Address where defendant may be served

\_\_\_\_\_  
County, City

\_\_\_\_\_  
State

\_\_\_\_\_  
Zip Code

## II. PLACE OF EMPLOYMENT

The address at which I was employed or sought employment by the defendant(s) is:  
**NEW YORK CITY HOUSING AUTHORITY**

\_\_\_\_\_  
Name

**611 Wythe Ave**

\_\_\_\_\_  
Address

**New York**

**NY**

**10007**

\_\_\_\_\_  
County, City

\_\_\_\_\_  
State

\_\_\_\_\_  
Zip Code

## III. CAUSE OF ACTION

### A. Federal Claims

This employment discrimination lawsuit is brought under (check only the options below that apply in your case):

- ☐ **Title VII of the Civil Rights Act of 1964**, 42 U.S.C. §§ 2000e to 2000e-17, for employment discrimination on the basis of race, color, religion, sex, or national origin

The defendant discriminated against me because of my (check only those that apply and explain):

- ☐ race: \_\_\_\_\_
- ☐ color: \_\_\_\_\_
- ☒ religion: Did not give me my religious service
- ☐ sex: \_\_\_\_\_
- ☐ national origin: \_\_\_\_\_

- ☐ **42 U.S.C. § 1981**, for intentional employment discrimination on the basis of race

My race is: \_\_\_\_\_

- ☐ **Age Discrimination in Employment Act of 1967**, 29 U.S.C. §§ 621 to 634, for employment discrimination on the basis of age (40 or older)

I was born in the year: \_\_\_\_\_

- ☒ **Rehabilitation Act of 1973**, 29 U.S.C. §§ 701 to 796, for employment discrimination on the basis of a disability by an employer that constitutes a program or activity receiving federal financial assistance

My disability or perceived disability is: ADHD PTSD

- ☒ **Americans with Disabilities Act of 1990**, 42 U.S.C. §§ 12101 to 12213, for employment discrimination on the basis of a disability

My disability or perceived disability is: ADHD PTSD

- ☒ **Family and Medical Leave Act of 1993**, 29 U.S.C. §§ 2601 to 2654, for employment discrimination on the basis of leave for qualified medical or family reasons

#### **B. Other Claims**

In addition to my federal claims listed above, I assert claims under:

- ☐ **New York State Human Rights Law**, N.Y. Exec. Law §§ 290 to 297, for employment discrimination on the basis of age, race, creed, color, national origin, sexual orientation, military status, sex, disability, predisposing genetic characteristics, marital status
- ☐ **New York City Human Rights Law**, N.Y. City Admin. Code §§ 8-101 to 131, for employment discrimination on the basis of actual or perceived age, race, creed, color, national origin, gender, disability, marital status, partnership status, sexual orientation, alienage, citizenship status
- ☐ Other (may include other relevant federal, state, city, or county law):
- \_\_\_\_\_

#### IV. STATEMENT OF CLAIM

##### A. Adverse Employment Action

The defendant or defendants in this case took the following adverse employment actions against me (check only those that apply):

- ☐ did not hire me
- ☒ terminated my employment
- ☐ did not promote me
- ☐ did not accommodate my disability
- ☐ provided me with terms and conditions of employment different from those of similar employees
- ☒ retaliated against me
- ☒ harassed me or created a hostile work environment
- ☐ other (specify): Illegally terminated me Without due process rights

##### B. Facts

State here the facts that support your claim. Attach additional pages if needed. You should explain what actions defendants took (or failed to take) *because of* your protected characteristic, such as your race, disability, age, or religion. Include times and locations, if possible. State whether defendants are continuing to commit these acts against you.

The defendant did not give me my religious services when I came back to work from Medical leave then. They Fired m  
Illegally without due process rights on may 28 2019 Then they did not give me my rights to reinstatement from disability  
Leave I have proof of all of this I told my supervisor I had ADHD and she said it's many people that works for the housing  
That's Retarded I made a Internal EEO Complaint and the supervisor was ordered to do training and was given a verbal  
Counseled regarding the negative comment she made I have the proof of this..

As additional support for your claim, you may attach any charge of discrimination that you filed with the U.S. Equal Employment Opportunity Commission, the New York State Division of Human Rights, the New York City Commission on Human Rights, or any other government agency.

## V. ADMINISTRATIVE PROCEDURES

For most claims under the federal employment discrimination statutes, before filing a lawsuit, you must first file a charge with the U.S. Equal Employment Opportunity Commission (EEOC) and receive a Notice of Right to Sue.

Did you file a charge of discrimination against the defendant(s) with the EEOC or any other government agency?

- ☒ Yes (Please attach a copy of the charge to this complaint.)

When did you file your charge? 5-23-18

- ☐ No

Have you received a Notice of Right to Sue from the EEOC?

- ☒ Yes (Please attach a copy of the Notice of Right to Sue.)

What is the date on the Notice? 9/30/2020

When did you receive the Notice? 10/3/2020

- ☐ No

## VI. RELIEF

The relief I want the court to order is (check only those that apply):

- ☐ direct the defendant to hire me
- ☒ direct the defendant to re-employ me
- ☐ direct the defendant to promote me
- ☒ direct the defendant to reasonably accommodate my religion
- ☐ direct the defendant to reasonably accommodate my disability
- ☒ direct the defendant to (specify) (if you believe you are entitled to money damages, explain that here)

Back Wages pain and suffering and Mental anguish money

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**VII. PLAINTIFF'S CERTIFICATION**

By signing below, I certify to the best of my knowledge, information, and belief that: (1) the complaint is not being presented for an improper purpose (such as to harass, cause unnecessary delay, or needlessly increase the cost of litigation); (2) the claims are supported by existing law or by a nonfrivolous argument to change existing law; (3) the factual contentions have evidentiary support or, if specifically so identified, will likely have evidentiary support after a reasonable opportunity for further investigation or discovery; and (4) the complaint otherwise complies with the requirements of Federal Rule of Civil Procedure 11.

I agree to notify the Clerk's Office in writing of any changes to my mailing address. I understand that my failure to keep a current address on file with the Clerk's Office may result in the dismissal of my case.

Each Plaintiff must sign and date the complaint. Attach additional pages if necessary. If seeking to proceed without prepayment of fees, each plaintiff must also submit an IFP application.

12/27/2020

Dated



Plaintiff's Signature

Tyreen

E

Wright

First Name

Middle Initial

Last Name

611 Wythe Ave Apt 3D

Street Address

Brooklyn

NY

11249

County, City

State

Zip Code

929-395-9779

Wrighttyreen43@yahoo.com

Telephone Number

Email Address (if available)

I have read the attached Pro Se (Nonprisoner) Consent to Receive Documents Electronically:

☒ Yes ☐ No

If you do consent to receive documents electronically, submit the completed form with your complaint. If you do not consent, please do not attach the form.

EEOC Form 161 (11/16)

## U.S. EQUAL EMPLOYMENT OPPORTUNITY COMMISSION

## DISMISSAL AND NOTICE OF RIGHTS

To: **Tyreen E Wright**  
**611 Wythe Avenue**  
**Apt #3D**  
**Brooklyn, NY 11249**

From: **New York District Office**  
**33 Whitehall Street**  
**5th Floor**  
**New York, NY 10004**

☐

On behalf of person(s) aggrieved whose identity is  
**CONFIDENTIAL (29 CFR §1601.7(a))**

EEOC Charge No.

EEOC Representative

Telephone No.

**16G-2019-04156**

**Holly M. Shabazz,**  
**State & Local Program Manager**

**(929) 506-5316****THE EEOC IS CLOSING ITS FILE ON THIS CHARGE FOR THE FOLLOWING REASON:**☐

The facts alleged in the charge fail to state a claim under any of the statutes enforced by the EEOC.

☐

Your allegations did not involve a disability as defined by the Americans With Disabilities Act.

☐

The Respondent employs less than the required number of employees or is not otherwise covered by the statutes.

☐

Your charge was not timely filed with EEOC; in other words, you waited too long after the date(s) of the alleged discrimination to file your charge

☐

The EEOC issues the following determination: Based upon its investigation, the EEOC is unable to conclude that the information obtained establishes violations of the statutes. This does not certify that the respondent is in compliance with the statutes. No finding is made as to any other issues that might be construed as having been raised by this charge.

☒

The EEOC has adopted the findings of the state or local fair employment practices agency that investigated this charge.

☐

Other (briefly state)

**- NOTICE OF SUIT RIGHTS -**

(See the additional information attached to this form.)

**Title VII, the Americans with Disabilities Act, the Genetic Information Nondiscrimination Act, or the Age Discrimination in Employment Act:** This will be the only notice of dismissal and of your right to sue that we will send you. You may file a lawsuit against the respondent(s) under federal law based on this charge in federal or state court. Your lawsuit **must be filed WITHIN 90 DAYS of your receipt of this notice**; or your right to sue based on this charge will be lost. (The time limit for filing suit based on a claim under state law may be different.)

**Equal Pay Act (EPA):** EPA suits must be filed in federal or state court within 2 years (3 years for willful violations) of the alleged EPA underpayment. This means that **backpay due for any violations that occurred more than 2 years (3 years) before you file suit may not be collectible.**

On behalf of the Commission



September 30 2020

Enclosures(s)

**Judy A. Keenan,**  
**District Director**

(Date Mailed)

cc: **NYC HOUSING AUTHORITY**  
**Attn: General Counsel – Law Department**  
**250 Broadway**  
**9th Floor**  
**New York, NY 10007**



Enclosure with EEOC  
Form 161 (11/16)

## INFORMATION RELATED TO FILING SUIT UNDER THE LAWS ENFORCED BY THE EEOC

*(This information relates to filing suit in Federal or State court under Federal law.  
If you also plan to sue claiming violations of State law, please be aware that time limits and other  
provisions of State law may be shorter or more limited than those described below.)*

### PRIVATE SUIT RIGHTS -- Title VII of the Civil Rights Act, the Americans with Disabilities Act (ADA), the Genetic Information Nondiscrimination Act (GINA), or the Age Discrimination in Employment Act (ADEA):

In order to pursue this matter further, you must file a lawsuit against the respondent(s) named in the charge **within 90 days of the date you receive this Notice**. Therefore, you should **keep a record of this date**. Once this 90-day period is over, your right to sue based on the charge referred to in this Notice will be lost. If you intend to consult an attorney, you should do so promptly. Give your attorney a copy of this Notice, and its envelope, and tell him or her the date you received it. Furthermore, in order to avoid any question that you did not act in a timely manner, it is prudent that your suit be filed **within 90 days of the date this Notice was mailed to you** (as indicated where the Notice is signed) or the date of the postmark, if later.

Your lawsuit may be filed in U.S. District Court or a State court of competent jurisdiction. (Usually, the appropriate State court is the general civil trial court.) Whether you file in Federal or State court is a matter for you to decide after talking to your attorney. Filing this Notice is not enough. You must file a "complaint" that contains a short statement of the facts of your case which shows that you are entitled to relief. Courts often require that a copy of your charge must be attached to the complaint you file in court. If so, you should remove your birth date from the charge. Some courts will not accept your complaint where the charge includes a date of birth. Your suit may include any matter alleged in the charge or, to the extent permitted by court decisions, matters like or related to the matters alleged in the charge. Generally, suits are brought in the State where the alleged unlawful practice occurred, but in some cases can be brought where relevant employment records are kept, where the employment would have been, or where the respondent has its main office. If you have simple questions, you usually can get answers from the office of the clerk of the court where you are bringing suit, but do not expect that office to write your complaint or make legal strategy decisions for you.

### PRIVATE SUIT RIGHTS -- Equal Pay Act (EPA):

EPA suits must be filed in court within 2 years (3 years for willful violations) of the alleged EPA underpayment: back pay due for violations that occurred **more than 2 years (3 years) before you file suit** may not be collectible. For example, if you were underpaid under the EPA for work performed from 7/1/08 to 12/1/08, you should file suit **before 7/1/10** -- not 12/1/10 -- in order to recover unpaid wages due for July 2008. This time limit for filing an EPA suit is separate from the 90-day filing period under Title VII, the ADA, GINA or the ADEA referred to above. Therefore, if you also plan to sue under Title VII, the ADA, GINA or the ADEA, in addition to suing on the EPA claim, suit must be filed within 90 days of this Notice and within the 2- or 3-year EPA back pay recovery period.

### ATTORNEY REPRESENTATION -- Title VII, the ADA or GINA:

If you cannot afford or have been unable to obtain a lawyer to represent you, the U.S. District Court having jurisdiction in your case may, in limited circumstances, assist you in obtaining a lawyer. Requests for such assistance must be made to the U.S. District Court in the form and manner it requires (you should be prepared to explain in detail your efforts to retain an attorney). Requests should be made well before the end of the 90-day period mentioned above, because such requests do not relieve you of the requirement to bring suit within 90 days.

### ATTORNEY REFERRAL AND EEOC ASSISTANCE -- All Statutes:

You may contact the EEOC representative shown on your Notice if you need help in finding a lawyer or if you have any questions about your legal rights, including advice on which U.S. District Court can hear your case. If you need to inspect or obtain a copy of information in EEOC's file on the charge, please request it promptly in writing and provide your charge number (as shown on your Notice). While EEOC destroys charge files after a certain time, all charge files are kept for at least 6 months after our last action on the case. Therefore, if you file suit and want to review the charge file, **please make your review request within 6 months of this Notice**. (Before filing suit, any request should be made within the next 90 days.)

**IF YOU FILE SUIT, PLEASE SEND A COPY OF YOUR COURT COMPLAINT TO THIS OFFICE.**

## **GOVERNMENT AGENCIES WHICH ADDRESS COMPLAINTS OF EMPLOYMENT DISCRIMINATION**

Any employee or applicant for employment that believes he or she has experienced discrimination has a right to file a formal complaint with the federal, state or local agencies listed below. A person does not give up this right when a complaint is filed with the Department of Equal Opportunity. The following federal, state and local agencies enforce laws against discrimination:

### **NEW YORK CITY COMMISSION ON HUMAN RIGHTS**

22 Reade Street, 18<sup>th</sup> Floor  
New York, New York 10007  
(212) 306-7560

### **NEW YORK STATE DIVISION OF HUMAN RIGHTS**

(MAIN OFFICE – NO COMPLAINTS – INDIVIDUALS WITH COMPLAINTS ARE USUALLY GIVEN ADDRESS/  
TELEPHONE NO. OF NEAREST LOCATION TO INDIVIDUAL)

1 Fordham Plaza  
Bronx, New York 10458  
(718) 741-8450

163 West 125<sup>th</sup> Street, 4<sup>th</sup> Floor  
New York, New York 10027  
(212) 961-8650/51/52

55 Hanson Place, Room 304  
Brooklyn, New York 11217  
(718) 722-2856

175 Fulton Avenue, Suite 211  
Hempstead, New York 11550 (LONG ISLAND)  
(516) 538-1360

### **UNITED STATES EQUAL EMPLOYMENT OPPORTUNITY COMMISSION**

**New York District Office**  
33 Whitehall Street, 11<sup>th</sup> Floor  
New York, New York 10004  
(212) 336-3620

Note: There are statutory deadlines for filing complaints with each of the agencies listed above. Employees are advised to contact the respective agency where they wish to file a complaint in order to find out the applicable deadline.

**I affirm that I have read the complaint of alleged discrimination and that it is true, to the best of my knowledge, information and belief. I affirm that I have read the above notice concerning my rights to file a complaint with federal, state and local civil rights enforcement agencies.**

5-23-18  
Date

  
Complainant's Signature

### **FOR OFFICE USE ONLY**

Date

EEO Intake

Date Interviewed \_\_\_\_\_

By \_\_\_\_\_

NJL? ☐ Yes ☐ No

Based on the foregoing, the DEO makes the following recommendations as a preventative measure and to reinforce EEO compliance:

1. Mr. Wright be provided information on how to file a reasonable accommodation for his ADHD disability.
2. Mr. Wright be provided information on how to update his religious accommodation to include use of indoor space to perform his prayers.
3. Ms. Gaskins should be verbally counseled regarding the negative comment she made in response to Mr. Wright's disability.
4. Ms. Gaskin and Mr. Sharpe be provided a refresher training on Reasonable Accommodation and FMLA leave. Coordinate with Human Resources to receive training and provide proof of completion to DEO.
5. Management must coordinate a muster to inform all staff about the process of Reasonable Accommodation and Religious Accommodation, and review all relevant NYCHA EEO, Fair Housing, and Sexual Harassment Prevention policies. Proof of attendance should be provided to the DEO.

Please respond to my recommendation within 30 calendar days from the date of this memorandum. Should you disagree with these DEO recommendations, in whole or in part, you must inform the DEO of what alternative remedial action you intend to implement within ten (10) calendar days of this DEO determination.

As a reminder, failure to respond to this request will result in notification to EVP of Operations. Cathy Pennington.

As a reminder, retaliation for filing a complaint, reporting allegations of discrimination, or participating as a witness in a DEO investigation is strictly prohibited and any retaliatory action will be subject to appropriate disciplinary action.

MQR/sm

SSN 069-64-6934

Exhibit 3



**NEW YORK CITY HOUSING AUTHORITY**  
 90 CHURCH STREET • NEW YORK, NY 10007  
 TEL: (212) 306-3000 • <http://nyc.gov/nycha>

**Kathryn Garcia**  
 Interim Chair & Chief Executive Officer

June 3, 2019

**Certified Mail: 7018 0360 0001 8476 7284**

Tyreen E. Wright  
 611 Wythe Ave Apt 3D  
 Brooklyn, NY 11249

ID Card#: 81606  
 Workers' Compensation-1 year absence

Dear Mr. Wright:

This is to advise you that you have been terminated effective May 28, 2019, from your position with the New York City Housing Authority because you had been absent for a total of **one year** by reason of disability.

However, if you are a pension member, your termination will not prevent you from being considered for disability retirement by the New York City Employees' Retirement System (NYCERS). However, your disability retirement application must be filed with NYCERS within 12 months of the date of this letter.

If you have not already done so, you must immediately return your identification card and any other Authority equipment you may have been issued to the Office of Security, 90 Church Street, 9th Floor, New York, NY 10007, Attention: Photo ID Unit.

If interested in employment with NYCHA in the future, you may reapply by visiting [www.nyc.gov/jobs](http://www.nyc.gov/jobs) to view and apply for positions.

Sincerely,

  
 Nicole Van Gendt  
 Director of Human Resources Department

NV:WA:so

c: D. Cave, Acting Director of Brooklyn Property Management,  
 Brooklyn Property Management Department  
 M. Lawrence, Property Manager, Stuyvesant Gardens  
 Personnel File

*Sent First Class and Certified*



NYCHA 015.336

Employee ID#  
 81606

Termination of employees who are absent without leave

## PERSONNEL SERVICES BULLETINS (PSBs)

200-4

**Subject:** Termination of employees who are absent without leave

**Supersedes:** Personnel Policy and Procedure No. 783-87

**Source:** City Personnel Director Rule 6.4.3; Civil Service Law Section 75

**Date:** March 21, 1997

### I. Background

City Personnel Director Rule 6.4.3 provides that if an employee is absent without leave (AWOL) for a period of twenty consecutive work days and fails to communicate with his/her employing agency in a manner prescribed by that agency, then such an absence shall be considered a resignation unless the appointing officer accepts an explanation. The rule also provides an employee absent without leave who is covered by Section 75 of the Civil Service Law is entitled to certain disciplinary rights. Section 75 applies to permanent, competitive class employees. It may also apply, under limited circumstances, to employees serving in positions in other classes of the classified service. In addition, employees not covered by Section 75 may be entitled to disciplinary rights under their collective bargaining agreements.

### II. Procedure

#### A. Employees Not Covered by Section 75 of the Civil Service Law

1. The agency shall send the employee written notification that he/she is deemed to have resigned effective the first day of the absence, unless the employee offers an explanation for his/her unauthorized absence that is acceptable to the appointing officer.
2. The agency shall state the basis for the determination in the letter and enclose a copy of City Personnel Director Rule 6.4.3.
3. Such absence shall constitute a cause for action against an employee who is entitled to disciplinary appeal rights by virtue of a collective bargaining agreement. In such cases, follow the procedure set forth in the agreement.

#### B. Employees Covered by Section 75 of the Civil Service Law

1. The Agency Disciplinary Advocate shall commence proceedings subject to the provisions of Section 75 of the Civil Service Law.
2. Employees can be deemed to have resigned only after the notice and hearing provisions contained in Section 75 of the Civil Service Law.
3. Employees who are in titles covered by collective bargaining agreements may choose to go under the disciplinary procedures provided therein. In such case they must waive their rights under Section 75.

#### C. Agency Responsibilities

Agencies are to ensure that all of their employees are informed, preferably in writing, of the manner in which absences are required to be reported to the agency, and are to take appropriate action, as above, when employees fail to comply.

**From:** Kelly Jones (DCAS)

Exhibit B G2360655

**Sent:** Wednesday, May 16, 2018 11:03 AM

**To:** [vgreenwright@yahoo.com](mailto:vgreenwright@yahoo.com)

**Subject:** Probationary Period

Good Morning Mr. Wright,

This is in response to your correspondence regarding the probationary period.

Our records indicate that you were appointed to the Labor Class title of Caretaker with the New York City Housing Authority effective April 23, 2017 and your probation ended effective April 28, 2018.

If you have further questions regarding this matter, please contact your Human Resources Department.

We appreciate your time and effort in contacting us with your inquiry.

**Kelly Jones | Interim Director, Civil Service Transactions**

[kjones@dcas.nyc.gov](mailto:kjones@dcas.nyc.gov)

Human Resources Department

TO: Employment Division  
FROM: Records Control Division  
SUBJECT: RETURN TO WORK

Date: 2:30 PM  
5-22-19  
Arrival Time  
8/606  
ID #

RE: Tyreen Wright  
Employee's Name

Please reassign the referenced employee from

☐ Leave of Absence  
pending/approved \_\_\_\_\_ leave from \_\_\_\_\_ to present.

☒ Compensation  
Date of Injury 5-24-18  
Date of Disability 5-25-18  
Nature of Injury PTSD

☒ Comments Rth Fd duty no restrictions  
Rth on 5/24 Approve to Start work on  
5/23/19

Seen by Sheron ONeill 3890 3:00 PM  
Records Control Staff Extension Time Forwarded to Employment

EMPLOYEE INSTRUCTIONS

1. Take this memo to your Supervisor for reassignment verification. You must report to your assigned work location on the Return to Work date as indicated. Failure to do so will result in not being restored to pay status. In addition, you may be considered AWOL.
2. Upon returning to your work location, ensure that your Timekeeper immediately notifies Payroll to "Stop Pay Suspension". This confirms that you will be restored to Payroll.

I have read and understand the above [Signature] 5-22-19  
Employee's Signature Date

NOTE: If "Comments" above state "Annual Leave to Cover", disregard Item 2.

THE REFERENCED EMPLOYEE HAS BEEN CLEARED BY HUMAN RESOURCES TO RETURN TO WORK.

Return to Work on 5/24/19	Location Park Rock	Supervisor Advised of Findings on 5/24/19
Comments New location New PCN # 22307		
Jean Akers 5/23/19		
Name and Extension of Interviewer Sonia Soto 3027		



To whom it may concern.

May 27, 2019

Tyreen Wright is a Muslim and a member of our organization. Performing five daily prayers and participating in *Jum'uah* (Friday service) is mandatory according to Islamic scripture. Our Lord has stated in the Noble Quran Chapter 51 verse 56 *"He did not create the Jinn nor mankind except to worship Him (Allaah)."* Our Lord also stated in chapter 62 verse 9 of the Noble Quran, *"O you who believe, when the call for prayer (Friday Jumuah) has been made, hasten to the remembrance of Allaah and leave off all business."* The aforementioned scriptures mandates that all Muslims adhere to the call of prayer five times a day and observe *Jum'ah* (Friday Service) at its prescribed times. We would greatly appreciate you accommodating Mr. Wright by allowing him to perform his five obligatory prayers and participate in Friday services. If you have any questions, please contact me at (718) 791-3606. Thank you in advance for your assistance.

Mahmoud Jennings

A handwritten signature in black ink, appearing to read "Mahmoud Jennings".

Imam Masjid al-Ihsaan



# NYC DCAS

Citywide Administrative Services

## NEW YORK CITY DEPARTMENT OF CITYWIDE ADMINISTRATIVE SERVICES

Office of Medical Appeals and Reinstatements  
1 Centre Street 21st Floor  
New York, New York 10007  
PHONE: (212) 386-1704 FAX: (212) 313-3296 EMAIL: mar@dcas.nyc.gov

### EMPLOYEE MEDICAL HISTORY & MEDICAL PROVIDER'S CERTIFICATION

*For Reinstatement From Disability Leave*  
TO BE COMPLETED BY EMPLOYEE'S PERSONAL MEDICAL PROVIDER

MEDICAL HISTORY  
& STATUS OF:

EMPLOYEE NAME

CIVIL SERVICE TITLE

AGENCY

PLEASE WRITE CLEARLY - ATTACH ADDITIONAL PAGES TO THIS FORM IF NECESSARY

STATE NATURE AND DURATION OF EMPLOYEE'S DISABILITY: Give diagnosis and fully describe the disability, treatment, and recovery related to his/her separation from employment.

Adjustment Disorder with anxiety & depression  
ETIOLOGY / CAUSATION:

3/9/20  
DATE OF LAST EXAMINATION:

IN YOUR OPINION, IS THE EMPLOYEE'S DISABILITY PERMANENT? YES [ ] NO [X] (IF YES, PLEASE EXPLAIN)

IN YOUR OPINION, AFTER READING THE EMPLOYEE'S JOB SPECIFICATION, IS THE EMPLOYEE FIT TO PERFORM THE ESSENTIAL DUTIES OF HIS/HER POSITION & SHOULD BE REINSTATED? YES [X] NO [ ] (PLEASE EXPLAIN)

Symptoms have diminished. Ready to resume work full duty  
IN YOUR OPINION, DOES THE EMPLOYEE REQUIRE A REASONABLE ACCOMMODATION TO PERFORM HIS/HER DUTIES?  
YES [ ] NO [X] IF YES - PLEASE COMPLETE THE "REASONABLE ACCOMMODATION REQUEST FORM" YOU SHOULD  
PROVIDE A TIMEFRAME OR AN END DATE FOR THE RESTRICTIONS PLACED UPON THE EMPLOYEE and PROVIDE DETAILS  
OF RESTRICTIONS.

IMPORTANT

IMPORTANT

PLEASE ATTACH COPIES OF APPLICABLE SUPPORTING MEDICAL / PSYCH DOCUMENTATION:  
(e.g. X-RAY / CT / MRI Reports, EKG / Stress / Blood Test results, Surgical or Psych Summaries, etc.)

**MEDICAL PROVIDER'S CERTIFICATION:** I affirm that I have personally examined the above named employee and am aware of the essential functions of his/her position. I understand that the employee has been placed on a leave of absence from that position because of disability. By signing below I am certifying that the information provided is true and complete, and I understand that any false statements or deliberate misstatements may be punishable under section 216.45 of the NYC Penal Law, including fines. In addition, I understand that any false statements made will be reported to the NYC Department of Health, Office of Professional Medical Conduct.

SIGNATURE OF MEDICAL PROVIDER

NAME OF MEDICAL PROVIDER (Please Print)

PROFESSIONAL LICENSE #

DATE

ADDRESS

TELEPHONE NO.

**NOTE TO THE MEDICAL PROVIDER:** This form is being submitted in conjunction with an application for employment reinstatement pursuant to Sections 71-73 of the New York State Civil Service Law. The applicant will also be assessed by a Medical Officer designated by the NYC Department of Citywide Administrative Services. It is important that you, as the employee's personal medical provider, thoroughly and accurately complete the information above.

IR 09 2018



Citywide Administrative Services

**NEW YORK CITY DEPARTMENT OF  
CITYWIDE ADMINISTRATIVE SERVICES**

Office of Medical Appeals and Reinstatements

1 Centre Street 21<sup>st</sup> Floor

New York, New York 10007

PHONE: (212) 386-1704 FAX: (212) 313-3296 EMAIL: mar@dcas.nyc.gov

**APPLICATION FOR REINSTATEMENT FROM  
DISABILITY LEAVE**

TO BE COMPLETED BY EMPLOYEE

PURSUANT TO SECTION 71, 72 OR 73 OF THE NEW YORK CIVIL SERVICE LAW

**INSTRUCTIONS:**

ALONG WITH THIS APPLICATION FOR REINSTATEMENT, EMPLOYEE MUST INCLUDE:

- A DCAS MEDICAL HISTORY FORM FROM YOUR MEDICAL PROVIDER DATED WITHIN TWO (2) MONTHS OF THIS APPLICATION, STATING THAT YOUR DISABILITY HAS ENDED AND/ OR THAT YOU CAN NOW FULLY PERFORM THE ESSENTIAL TASKS AND FUNCTIONS OF YOUR POSITION.
- COPIES OF APPLICABLE SUPPORTING MEDICAL/ PSYCHOLOGICAL DOCUMENTATION CONCERNING YOUR MEDICAL HISTORY, DISABILITY, TREATMENT AND RECOVERY (RECENT AND RELEVANT TO YOUR SEPARATION FROM CITY SERVICE.) \*ALL PROGRESS NOTES/SUMMARY REPORTS MUST BE LEGIBLE\*
- A COPY OF THE LETTER FROM YOUR AGENCY THAT PLACED YOU ON A LEAVE OF ABSENCE OR TERMINATED YOUR EMPLOYMENT.

PLEASE COMPLETE THE INFORMATION BELOW AND MAIL WITH ATTACHMENTS TO:

 Medical Appeals & Reinstatements, Department of Citywide Administrative Services ("DCAS")  
 1 Centre Street, 21<sup>st</sup> Floor New York, New York 10007, within one (1) year from the date your disability ended.

LAST NAME <i>Wright</i>	FIRST NAME <i>Tyreen</i>	DATE <i>3/9/20</i>
ADDRESS <i>611 Wythe ave Brooklyn N.Y.</i>		PHONE <i>347-295-5402</i>
CITY / TOWN <i>Brooklyn</i>	STATE <i>N.Y.</i>	ZIP <i>11249</i>
SOCIAL SECURITY NUMBER <i>069-64-6934</i>	YOUR AGENCY <i>NyCHA</i>	CURRENT EMAIL ADDRESS <i>WrightTyreen43@yahoo.com</i>
TITLE <i>Caretaker G</i>	DISABILITY/ REASON FOR SEPARATION <i>PTSD</i>	
NOTATION FIELD (LEAVE BLANK)		

NOTATION FIELD  
(LEAVE BLANK)

PLEASE NOTE:

 SECTION 71-73 RIGHTS APPLY ONLY TO PERMANENT, COMPETITIVELY APPOINTED, EMPLOYEES OF THE CITY OF NEW YORK.  
 SECTION 71-73 RIGHTS DO NOT APPLY TO EMPLOYEES SERVING WITHIN THEIR PROBATIONARY PERIOD.

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